In Re: Erin E. Oberreuter SSN: xxx-xx-8458 **MODIFIED CHAPTER 13 PLAN**

Dated: October 15, 2004 Bkry Case No. 04-44272

DEBTOR In a joint case, debtor means debtors in this plan.

PAYMENTS BY DEBTOR -

- a. As of the date of this plan, the debtor has paid the trustee \$395.00.
 - b. After the date of this plan, the debtor will pay the trustee \$445.00 per month for 59 month, beginning October 2004 for a total of
 - c. The debtor will also pay the trustee None.
 - d. The debtor will pay the trustee a total of \$26,650.00 [line 1(a) + line 1(b) + line 1(c)].
- PAYMENTS BY TRUSTEE The trustee will make payments only to creditors for which proofs of claim have been filed, make payments monthly as available, and collect the trustee's percentage fee of 10% for a total of \$2,422.00 [line 1(d) x .10] or such lesser percentage as may be fixed by the Attorney General. For purposes of this plan, month one (1) is the month following the month in which the debtor makes the debtor's first payment. Unless ordered otherwise, the trustee will not make any payments until the plan is confirmed. Payments will accumulate and be paid following confirmation.
- PRIORITY CLAIMS The trustee shall pay in full all claims entitled to priority under § 507, including the following. The amounts listed are estimates only. The trustee will pay the amounts actually allowed.

Creditor	Estimated Claim	Monthly Payment	Beginning in Month #	Number of Payments	TOTAL PAYMENTS
a. Attorney Fees	\$ 1,250.00	\$ 304.00	1	•	\$ 1,250.00
b.	\$	\$	_	3	\$ 1,230.00 #
c.	\$	\$			*
d.	\$				\$
e. TOTAL	₩	\$			\$
					\$ 1,250,00

- LONG-TERM SECURED CLAIMS NOT IN DEFAULT The following creditors have secured claims. Payments are current and the debtor will continue to make all payments which come due after the date the petition was filed directly to the creditors. The creditors will retain their
 - a. None

HOME MORTGAGES IN DEFAULT [§ 1322(b)(5)] - The trustee will cure defaults on claims secured only by a security interest in real property that is the debtor's principal residence as follows. The debtor will maintain the regular payments which come due after the date the petition was filed. The creditors will retain their liens. The amounts of default are estimates only. The trustee will pay the actual amounts of default. Remaining balances due under the modified plan.

	Creditor	Amount of Default	Monthly Payment	Beginning in Month #	Number of Payments	TOTAL PAYMENTS
a.		\$	\$			TAIMENTO
b.		\$	œ.			Þ
Ċ.		¢.	3			\$
	10 m / v)	\$			\$
	OTAL:					\$ None

6. OTHER LONG-TERM SECURED CLAIMS IN DEFAULT [§ 1322 (b)(5)] - The trustee will cure defaults (plus interest at the rate of 8 per cent per annum) on other claims as follows and the debtor will maintain the regular payments which come due after the date the petition was filed. The creditors will retain their liens. The amounts of default are estimates only. The trustee will pay the actual amounts of default. Remaining balances due under the modified plan.

Creditor	Amount of	Monthly	Beginning in	Number of	TOTAL
	Default	Payment	Month #	Payments	PAYMENTS
a. b. TOTAL	\$	\$			\$ \$ None

Chapter 13 Plan Page 2

7. OTHER SECURED CLAIMS [§ 1325(a)(5)] - The trustee will make payments to the following secured creditors having a value as of confirmation equal to the allowed amount of the creditor's secured claim using a discount rate of 8 percent. The creditor's allowed secured claim shall be the creditor's allowed claim or the value of the creditor's interest in the debtor's property, whichever is less. The creditors shall retain their liens. NOTE: NOTWITHSTANDING A CREDITOR'S PROOF OF CLAIM FILED BEFORE OR AFTER CONFIRMATION, THE AMOUNT LISTED IN THIS PARAGRAPH AS A CREDITOR'S SECURED CLAIM BINDS THE CREDITOR PURSUANT TO 11 U.S.C. § 1327 AND CONFIRMATION OF THE PLAN WILL BE CONSIDERED A DETERMINATION OF THE CREDITOR'S ALLOWED SECURED CLAIM UNDER 11 U.S.C. § 506(a). Remaining balances due under the modified plan.

Creditor	Claim Amount	Secured Claim	Monthly Payment	Beginning in Month#	Number of Payments	TOTAL PAYMENTS
 a. Americredit 	\$ 23,135.00	\$ 10,575.00	\$ 100.00/304	.00 1/6	5/38	\$11,779.00
b.	\$	\$	\$			\$
c.	\$	\$	\$			s
d.	\$	\$	\$			\$
ė.	\$	\$	\$			r ·
f. TOTAL			•			\$ 11.779.00

- 8. SEPARATE CLASS OF UNSECURED CREDITORS In addition to the class of unsecured creditors specified in ¶ 9, there shall be a separate class of nonpriority unsecured creditors described as follows: Hennepin County Adult Field Services criminal restitution.
 - a. The debtor estimates that the total claims in this class are \$9,172.00.
- b. The trustee will pay this class \$100.00 per month for 38 months beginning March 2005; then \$404.00 per month for 14 months beginning April 2008 until this debt is paid 100 percent.
- 9. TIMELY FILED UNSECURED CREDITORS The trustee will pay holders of nonpriority unsecured claims for which proofs of claim were timely filed the balance of all payments received by the trustee and not paid under ¶ 2, 3, 5, 6, 7, and 8 their pro rata share of approximately \$2,027.00 [line 1(d) minus lines 2, 3(e), 5(d), 6(b), 7(f), and 8(b)].
 - a. The debtor estimates that the total unsecured claims held by creditors listed in ¶ 7 are \$12,560.00.
 - b. The debtor estimates that the debtor's total unsecured claims (excluding those in ¶ 7 and ¶ 8) are \$20,110.00.
 - c. Total estimated unsecured claims are \$32,670.00 [line 9(a) | line 9(b)].
- 10. TARDILY-FILED UNSECURED CREDITORS All money paid by the debtor to the trustee under ¶ 1, but not distributed by the trustee under ¶ 2, 3, 5, 6, 7, 8, or 9 shall be paid to holders of nonpriority unsecured claims for which proofs of claim forms were tardily filed.
- 11. OTHER PROVISIONS The trustee may distribute funds not allocated above at his discretion. The tax authorities including the federal government, state revenue and property taxes shall be paid per claim whether filed as priority or secured. The plan shall allow debtors current child support obligation to be paid through payroll deduction, and the back child support obligation shall be paid in full inside the plan. All child support debt classified as non-priority shall be paid in full by the Trustee, as a separate class. Upon the completion of payment of the secured portion of any claim, the property securing said claim shall vest in the debtor(s) free and clear of any lien, claim or interest of the secured creditor, and the secured creditor shall execute whatever documents necessary to release the lien on title to security.
- 12. SUMMARY OF PAYMENTS -

Trustee's Fee [Line 2)]	æ	2 422 00
Priority Claims [Line 3(e)]	¢	1.250.00
Home Mortgage Defaults [Line 5(d)]	ą.	-,
Long-Term Debt Defaults [Line 6(b)]	D)	None
Other Secured Claims [Line 7(f)].	Ţ.	None
Separate Class [Line 8(b)]	3	11,779.00
Unsecured Creditors II ine 01	\$	9,172.00
Unsecured Creditors [Line 9]	5	2,027.00
TOTAL [must equal Line 1(d)]	S	26,650.00

Insert Name, Address, Telephone and License Number of Debtor's Attorney:

Robert J. Hoglund #210997

Signed /e/ Erin E. Oberreuter
DEBTOR

P.O. Box 130938

Roseville, Minnesota 55113

(651) 628-9929

DEBTOR (if joint case)

Signed /e/

In re:

Bkry Case No: 04-44272

Erin E. Oberreuter,

Chapter 13 Case

NOTICE OF MODIFICATION AND HEARING

Debtor(s). ON CONFIRMATION OF CHAPTER 13 PLAN

TO: ALL PARTIES IN INTEREST

PLEASE TAKE NOTICE that the debtor(s) modified the Chapter 13 Plan and the Hearing on Confirmation of Plan scheduled to be heard on October 21, 2004 at 10:30 a.m. in United States Bankruptcy Court, Courtroom 8 West, 300 South Fourth Street, Minneapolis, Minnesota, will be continued to November 18, 2004 at 10:30 a.m. in United States Bankruptcy Court, Courtroom 8 West, 300 South Fourth Street, Minneapolis, Minnesota.

Dated: October 19, 2004

HOGLUND, CHWIALKOWSKI, GREEMAN & BERGMANIS, P.L.L.C.

Signed: /e/ Robert J. Hoglund
Robert J. Hoglund #210997
Keith Chwialkowski #210134
Marie F. Martin #287040
Jeffrey J. Bursell #293362
Attorney for Debtor(s)
1611 West County Road B #106
P.O. Box 130938
Roseville, Minnesota 55113
Telephone Number: (651) 628-9929

In re:

Bkry Case No: 04-44272

Erin E. Oberreuter,

Chapter 13 Case

UNSWORN CERTIFICATE

Debtor(s).

OF SERVICE

I, Robin Nori, employed by Hoglund, Chwialkowski, Greeman & Bergmanis, P.I.L.C., attorneys licensed to practice law in this Court, with office address of 1611 West County Road B, Suite 106, Roseville, Minnesota 55113, declare that on October 19, 2004, I served the Notice of Modification and Hearing on Confirmation of Chapter 13 Plan, and modified Chapter 13 Plan, to each of the entities named below by mailing to each of them a copy thereof by enclosing the same in an envelope with first class mail postage prepaid and depositing the same in the post office in Roseville, Minnesota, addressed to each of the entities as follows:

Ms. Jasmine Z. Keller Trustee in Bankruptcy 12 South Sixth Street #310

United States Trustee 1015 United States Courthouse 300 South Fourth Street Minneapolis, Minnesota 55402 Minneapolis, Minnesota 55415

Erin E. Oberreuter 2901 Hillsboro Avenue North #113 New Hope, Minnesota 55427

all creditors/parties in interest listed on matrix (see attached)

And I declare, under penalty of perjury, that the foregoing is true and correct.

Dated: October 19, 2004

Signed: /e/ Robin Nori Paralegal

--- -----

ALICE WHITTEN PO BOX 183853 ARLINGTON TX 76096 AMERICREDIT PO BOX 78143 PHOENIX AZ 85062 CAPITAL ONE PO BOX 85167 RICHMOND VA 23285

CARDMEMBER SERVICE ATTN SCOTT MAYO PO BOX 922788 NORCROSS GA 30010-2788 COMCAST PO BOX 173885 DENVER CO 80217-3885 CREDIT PROTECTION ASSOC 13355 NOEL RD DALLAS TX 75240

CREDITORS BKY SERV PO BOX 740933 DALLAS TX 75374 DAVID NEWCOMB & ASSOC PO BOX 18036 WEST SAINT PAUL MN 55118 ECAST SETTLEMENT CORP PO BOX 35480 NEWARK NJ 07193-5480

ECMC LOCKBOX 8682 PO BOX 75848 SAINT PAUL MN 55175-0848 FIRST CONSUMERS NATL BANK PO BOX 3910 PORTLAND OR 97208-3910 GREAT LAKES HIGHER EDUCATION 2501 INTERNATIONAL LN MADISON WI 53704-3192

HENNEPIN COUNTY ADULT FIELD SERVICES 317 - 2ND AVENUE S. 8TH FLOOR MINNEAPOLIS MN 55401 HENNEPIN COUNTY MEDICAL CENTER PO BOX 1238 MINNEAPOLIS MN 55440 HOUSEHOLD BANK PO BOX 5222 CAROL STREAM IL 60197-5222

JNR ADJUSTMENT CO PO BOX 27070 MINNEAPOLIS MN 55427

KOHLS PO BOX 3120 MILWAUKEE WI 53201 MN DEPT OF ECONOMIC SECURITY 390 N ROBERT ST FIFTH FLOOR SAINT PAUL MN 55101-1897

MN HEAD & NECK PAIN CLINIC 701 - 25TH AVENUE S. STE 304 MINNEAPOLIS MN 55454 NCO FINANCIAL SYSTEMS PO BOX 41457 PHILADELPHIA PA 19101-1457 PREMIER BANKCARD PO BOX 2208 VACAVILLE CA 95656

PROGRESSIVE DEPT 0561 CAROL STREAM IL 60132-0561 RESURGENT CAPITAL SVCS PO BOX 10587 GREENVILLE SC 29603-0587 SHERMAN ACQUISITION PO BOX 740281 HOUSTON TX 77274

US BANK PO BOX 5229 CINCINNATI OH 45201-5229 WELLS FARGO EDU FIN SVC PO BOX 5151 SIOUX FALLS SD 57117

MARILYN J WASHURN ATTY RIEZMAN BERGER 7700 BONHOMME 7TH FL ST LOUIS MO 63105

AMERCREDIT ATTN AMERICREDIT DEPT ACCT 416157691 PO BOX 183853 ARLINGTON TX 76096

$\overline{}$			
- 1	רו	\sim	-

Bankruptcy Case Number: 04-44272

Erin E. Oberreuter,

	SIGNATURE DECLARATION			
Debtor(s).				
 () PETITION, SCHEDULES & STATEMENTS () CHAPTER 13 PLAN () SCHEDULES AND STATEMENTS ACCOMPANYING () AMENDMENT TO PETITION/SCHEDULES/STATE (X) MODIFIED CHAPTER 13 PLAN/MOTION FOR H () OTHER: (Please describe) () VERIFICATION: I(We), debtor(s) named declare under penalty of perjury that 	MENTS/DOCUMENTS HEARING in the attached amended schedule(s),			
I[We], the undersigned debtor(s) or author make the following declarations under penalty of				
 The information I have given my attorney and provided in the electronically filed petition, statements, schedules, amendments, and/or chapter 13 plan, as indicated above, is true and correct; The information provided in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case is true and correct: [individual debtors only] If no Social Security Number is included in the "Debtor Information Pages" submitted as a part of the electronic commencement of the above-referenced case, it is because I do not have a Social Security Number; I consent to my attorney electronically filing with the United States Bankruptcy Court my petition, statements and schedules, amendments, and/or chapter 13 plan, as indicated above, together with a scanned image of this signature Declaration and the completed "Debtor Information Pages," if applicable; and [corporate and partnership debtors only] I have been authorized to file this petition on behalf of the debtor. 				
Date: 0/18/ Signature of Debtor or Authorized Representative	Signature of Joint Debtor			
Erin E. Oberreuter Printed Name of Debtor or Authorized Representative HOGLUND, CHWIALKOWSKI, GREEMAN & BERGMANIS, P.L.L.C.	Printed Name of Joint Debtor			

Signed: /e/ Robert J. Hoglund
Robert J. Hoglund #210997
1611 West County Road B, Suite 106
P.O. Box 130938 Roseville, Minnesota 55113

Telephone Number: (651) 628-9929